

**Applicant A****Applicant A**

State of Washington  
County of Grant

I, the undersigned, do solemnly swear or affirm that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

\_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced  
\_\_\_ Under Control of Guardian

Address \_\_\_\_\_  
(present)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_  
(past six months)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Print Name in Full

X

\_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me on

\_\_\_\_\_  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Deputy Auditor - Notary Public:

**Applicant B****Applicant B**

State of Washington  
County of Grant

I, the undersigned, do solemnly swear or affirm that the information on this form is true: that I am eighteen years of age or older or qualify as designated below; I do not have any contagious sexually transmitted disease, or if so, the condition is known to the other applicant; that I am not related to the other applicant; and, further, that I do not currently have a spouse or a registered domestic partner other than the other party to this marriage. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

\_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced  
\_\_\_ Under Control of Guardian

Address \_\_\_\_\_  
(present)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_  
(past six months)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Print Name in Full

X

\_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me on

\_\_\_\_\_  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Deputy Auditor - Notary Public:

**Parents' or Guardians Consent****Applicant A**

I hereby certify that I am Parent/Guardian  
of \_\_\_\_\_

who is \_\_\_\_\_ years of age and give my  
full consent to his/her marriage to:

**Applicant B**

I hereby certify that I am Parent/Guardian  
of \_\_\_\_\_

who is \_\_\_\_\_ years of age and give my  
full consent to his/her marriage to:

X \_\_\_\_\_  
Signature Parent/Guardian of Applicant A

X \_\_\_\_\_  
Signature Parent/Guardian of Applicant B

Subscribed and sworn to before me on

\_\_\_\_\_  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_